## **FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE

09 AUG -4 AM 10: 14 Office use only

1.	NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If to	ypying, type s	12FĘ	4M5		:	
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COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)										
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3.	FEC IDENTIFICATION NUM	BER	[	C00409581						
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certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete										
Type or Print Name of Treasurer Barb Buell, Deputy Treasurer										
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Sign	ature of Treasurer	ww	- Dull			Date	0.7	3 0	, 2	0 0 9
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS										
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